



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: WITHAM HOSPITAL

City of Hospital: Lebanon

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Angela Fall

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Medicare Provider Number: 150104

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$98326639	Contractual Allowance	\$339343974
Outpatient Patient Service Revenue	\$421494193	Other Deductions	\$12848390
Total Gross Patient Service Revenue	\$519820832	Total Deductions	\$352192364

3. Total Operating Revenue	
Net Patient Service Revenue	\$167628468
Other Operating Revenue	\$5127353
Total Operating Revenue	\$172755821

4. Operating Expenses	
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Salaries and Wages	\$69984735	Employee Benefits	\$23153292
Depreciation and Amortization	\$8741684	Interest Expense	\$879955
Bad Debt	\$10048094	Other Expenses	\$62253761
Total Operating Expenses	\$175061521		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1811496	Total Assets	\$256821719
Net Non-operating Gains over Loss	\$2801512	Total Liabilities	\$256821719
Total Net Gains	\$4613008		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$250360162	\$212154411	\$38205751
Medicaid	\$85034945	\$63208056	\$21826889
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$184425725	\$63981507	\$120444218
Total	\$519820832	\$339343974	\$180476858

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$412375	\$-412375
Hospital Patients	\$14165	\$139401	\$-125236
Community Education	\$0	\$292721	\$-292721

Number of Medical Professionals Trained	3579
Number of Hospital Patients Educated	101
Number of Citizens Exposed to Health Education Messages	134580

Statement Six: Charity Statement

Hospital Charity Charges	\$24701656
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$64265	\$7764776	
HCI Payments	\$0		
Subtotal	\$64265	\$7764776	\$-7700511
Medicaid Shortfalls	\$21826889	\$26730081	
Subtotal	\$21891154	\$34494857	\$-12603703
DSH Payments	\$1,724,304		

	Subtotal	\$23615458	\$34494857	\$-10879399
Medicare Shortfalls		\$38205751	\$26730081	
Other Government Programs		\$0	\$0	
	Total	\$61821209	\$61224938	\$596271

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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